



Senate

General Assembly

File No. 223

February Session, 2018

Substitute Senate Bill No. 431

Senate, April 4, 2018

The Committee on General Law reported through SEN. LEONE of the 27th Dist. and SEN. WITKOS of the 8th Dist., Chairpersons of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING CHANGES TO PRESCRIPTION DRUG ABUSE STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 21a-252 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2018*):

3 (a) A physician, in good faith and in the course of the physician's
4 professional practice only, may prescribe, administer and dispense
5 controlled substances, or may cause the same to be administered by a
6 physician assistant, nurse or intern under the physician's direction and
7 supervision, for demonstrable physical or mental disorders but not for
8 drug dependence except in accordance with state and federal laws and
9 regulations adopted thereunder. Notwithstanding the provisions of
10 this subsection the Department of Consumer Protection may approve
11 protocols allowing the dispensing of take-home doses of methadone,
12 by a registered nurse or licensed practical nurse, to outpatients in duly
13 licensed substance abuse treatment facilities. Such dispensing shall be

14 done pursuant to the order of a licensed prescribing practitioner and
15 using computerized dispensing equipment into which bulk supplies of
16 methadone are dispensed by a pharmacist. The quantity of methadone
17 dispensed by such nurse shall not exceed at any one time that amount
18 allowed under federal or state statutes or regulations governing the
19 treatment of drug dependent patients. The Department of Consumer
20 Protection shall conduct inspections of such treatment facilities to
21 ensure that the computerized dispensing equipment and related
22 dispensing procedures documented in the approved protocols are
23 adhered to.

24 (b) A dentist, in good faith and in the course of the dentist's
25 professional practice only, may prescribe, administer or dispense
26 controlled substances, or may cause the same to be administered by a
27 nurse under the dentist's direction and supervision, to the extent
28 permitted by the federal Controlled Substances Act, federal food and
29 drug laws and state laws and regulations relating to dentistry.

30 (c) A podiatrist, in good faith and in the course of the podiatrist's
31 professional practice only, may prescribe, administer and dispense
32 controlled substances in schedules II, III, IV or V, or may cause the
33 same to be administered by a nurse under the podiatrist's direction
34 and supervision, to the extent permitted by the federal Controlled
35 Substances Act, the federal food and drug laws and state laws and
36 regulations relating to podiatry.

37 (d) A veterinarian, in good faith in the course of the veterinarian's
38 professional practice only, and not for use by a human being, may
39 prescribe, administer and dispense controlled substances, and may
40 cause them to be administered by an assistant or orderly under the
41 veterinarian's direction and supervision, to the extent permitted by the
42 federal Controlled Substances Act, the federal food and drug laws and
43 state laws and regulations relating to veterinary medicine.

44 (e) An advanced practice registered nurse licensed pursuant to
45 section 20-94a, in good faith and in the course of such nurse's
46 professional practice only, may prescribe, dispense, and administer

47 controlled substances in schedule II, III, IV or V, or may cause the same
48 to be administered by a registered nurse or licensed practical nurse
49 under the advanced practice registered nurse's direction and
50 supervision, to the extent permitted by the federal Controlled
51 Substances Act, the federal food and drug laws and state laws and
52 regulations relating to advanced nursing practice.

53 (f) A nurse-midwife licensed under chapter 377, in good faith and in
54 the course of the nurse-midwife's professional practice only, may
55 prescribe, dispense, and administer controlled substances in schedules
56 II, III, IV and V, or may cause the same to be administered by a
57 registered nurse or licensed practical nurse under the nurse-midwife's
58 direction and supervision, to the extent permitted by the federal
59 Controlled Substances Act, the federal food and drug laws and state
60 laws.

61 (g) A physician assistant licensed pursuant to section 20-12b, in
62 good faith and in the course of the physician assistant's professional
63 practice only, may prescribe, dispense, and administer controlled
64 substances in schedule II, III, IV or V, or may cause the same to be
65 administered by an advanced practice registered nurse, registered
66 nurse, or licensed practical nurse who is acting under a physician's
67 direction, to the extent permitted by the federal Controlled Substances
68 Act, the federal food and drug laws and state laws and regulations
69 relating to physician assistant practice.

70 (h) An optometrist authorized to practice advanced optometrical
71 care, in good faith and in the course of the optometrist's professional
72 practice only and who is duly authorized by section 20-127, may
73 prescribe, administer or dispense controlled substances in schedule II,
74 III, IV or V to the extent permitted by the federal Controlled
75 Substances Act, the federal food and drug laws and state laws and
76 regulations relating to optometry.

77 (i) Any person who has obtained directly from a physician, dentist,
78 podiatrist, optometrist, veterinarian, physician assistant, advanced
79 practice registered nurse or nurse-midwife any controlled substance

80 for self-administration or administration to a patient during the
81 absence of such physician, dentist, podiatrist, optometrist,
82 veterinarian, physician assistant, advanced practice registered nurse or
83 nurse-midwife shall return to such physician, dentist, podiatrist,
84 optometrist, veterinarian, physician assistant, advanced practice
85 registered nurse or nurse-midwife any unused portion of such
86 controlled substance, when it is no longer required by the person or
87 the patient, or may surrender such controlled substance to the
88 Commissioner of Consumer Protection for proper disposition.

89 (j) (1) A prescribing practitioner, as defined in section 20-14c, shall
90 not, except in an emergency, prescribe, dispense or administer
91 controlled substances in schedules II to IV, inclusive, to a member of
92 his or her immediate family. For purposes of this section, "immediate
93 family member" means a spouse, parent, child, sibling, parent-in-law,
94 son or daughter-in-law, brother or sister-in-law, step-parent, step-
95 child, step-sibling or other relative residing in the same residence as
96 the prescribing practitioner and shall not include an animal in the
97 residence. In an emergency, a prescribing practitioner may prescribe,
98 dispense or administer not more than a seventy-two-hour supply of
99 such controlled substances to an immediate family member only when
100 there is no other qualified prescribing practitioner available.

101 (2) A prescribing practitioner who prescribes, dispenses or
102 administers any controlled substance to a member of his or her
103 immediate family pursuant to subdivision (1) of this subsection shall
104 perform an assessment for the care and treatment of the patient,
105 medically evaluate the patient's need for such controlled substance and
106 document such assessment and need in the normal course of his or her
107 business. The prescribing practitioner shall document the emergency
108 that gave rise to the prescription, dispensing or administering of such
109 controlled substance to the immediate family member.

110 (k) A prescribing practitioner, as defined in section 20-14c, shall not,
111 except in an emergency, prescribe, dispense or administer controlled
112 substances in schedules II to IV, inclusive, for his or her own use. In an

113 emergency, a prescribing practitioner may prescribe, dispense or
114 administer not more than a seventy-two-hour emergency supply of
115 such controlled substances for self-use only when there is no other
116 qualified prescribing practitioner available.

117 Sec. 2. (NEW) (*Effective July 1, 2018*) (a) For purposes of this section:

118 (1) "Opioid antagonist" shall have the meaning set forth in section
119 17a-714a of the general statutes.

120 (2) "Prescribing practitioner" shall have the meaning set forth in
121 section 20-14c of the general statutes.

122 (3) "Pharmacist" shall have the meaning set forth in section 20-609a
123 of the general statutes.

124 (b) A prescribing practitioner or a pharmacist certified to prescribe
125 naloxone pursuant to section 20-633c of the general statutes may enter
126 into an agreement with a law enforcement agency, emergency medical
127 service provider, government agency or community health
128 organization related to the distribution and administration of an
129 opioid antagonist for the reversal of an opioid overdose. The
130 prescribing practitioner or pharmacist shall provide training to persons
131 who will distribute or administer the opioid antagonist pursuant to the
132 terms of the agreement. Persons other than the prescribing practitioner
133 or pharmacist shall receive training in the distribution or
134 administration of opioid antagonists prior to distributing or
135 administering an opioid antagonist. The agreement shall address the
136 storage, handling, labeling, recalls and recordkeeping of opioid
137 antagonists by the law enforcement agency, emergency medical
138 service provider, government agency or community health
139 organization which is party to the agreement.

140 (c) A prescribing practitioner or pharmacist who enters into an
141 agreement pursuant to subsection (b) of this section shall not be liable
142 for damages in a civil action or subject to administrative or criminal
143 prosecution for the administration or dispensing of an opioid

144 antagonist by such law enforcement agency, emergency medical
145 service provider, government agency or community health
146 organization.

147 (d) The Commissioner of Consumer Protection may adopt
148 regulations, in accordance with the provisions of chapter 54 of the
149 general statutes, to implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2018	21a-252
Sec. 2	July 1, 2018	New section

Statement of Legislative Commissioners:

In Section 1, Subsecs. (j)(1) and (k), "in" was inserted before "schedules II to IV" for accuracy, and in Subsec. (j)(1), the definition for "immediate family member" was redrafted for consistency with standard drafting conventions.

GL *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

This bill makes various changes to the prescription drug abuse statutes and allows the Commissioner of the Department of Consumer Protection to adopt regulations which results in no fiscal impact to the state because the department has the expertise to implement the regulations.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**sSB 431*****AN ACT CONCERNING CHANGES TO PRESCRIPTION DRUG ABUSE STATUTES.*****SUMMARY**

This bill generally prohibits prescribing practitioners from prescribing, dispensing, or administering schedule II to IV controlled substances to themselves or immediate family members, except in emergencies. If there is an emergency, the prescriber may provide up to a 72-hour supply of the controlled substance, but only if no other qualified prescriber is available.

The bill also authorizes prescribing practitioners and pharmacists authorized to prescribe naloxone to enter into an agreement to distribute opioid antagonists to certain entities, including community health organizations and law enforcement agencies (see BACKGROUND). The practitioners and pharmacists must provide training to those individuals who will distribute or administer opioid antagonists under such an agreement. The bill authorizes the consumer protection commissioner to adopt implementing regulations.

EFFECTIVE DATE: July 1, 2018

PROVISION OF CONTROLLED SUBSTANCES***Prohibition***

Under the bill, prescribing practitioners generally may not prescribe, dispense, or administer schedule II to IV controlled substances to themselves or immediate family members. An “immediate family member” is a spouse; parent; child; sibling; parent-in-law; son- or daughter-in-law; brother- or sister-in-law; step-parent, -child, or -sibling; or other relative residing with the prescriber.

Animals living with the prescriber are not considered immediate family members.

Exception

In an emergency, the bill allows prescribers to prescribe, dispense, or administer up to a 72-hour supply of a schedule II to IV controlled substance to themselves or immediate family members, but only if there is no other qualified prescriber available. If prescribing, dispensing, or administering to a family member, the prescriber must (1) perform an assessment for the patient's care and treatment; (2) medically evaluate the patient's need for the controlled substance; and (3) document the emergency, assessment, and patient's need in the normal course of his or her business.

OPIOID ANTAGONIST PROGRAM***Agreement***

The bill authorizes prescribers and pharmacists authorized to prescribe naloxone to enter into an agreement with a law enforcement agency, emergency medical service provider, government agency, or community health organization ("agencies") concerning the distribution and administration of opioid antagonists. The agreement must address the agencies' opioid antagonist storage, handling, labeling, recalls, and recordkeeping.

Training

The prescribers and pharmacists must provide training to the individuals who will distribute or administer opioid antagonists under an agreement. Additionally, the bill requires individuals who will distribute or administer opioid antagonists to receive training before doing so (presumably, this requirement applies to individuals to whom the agencies distribute opioid antagonists).

Liability Immunity

Under the bill, prescribers and pharmacists who enter into an agreement as permitted by the bill cannot, as a result of an agency's administration or dispensing of an opioid antagonist, be (1) held liable

for damages in a civil action or (2) subjected to administrative or criminal prosecution.

BACKGROUND

Opioid Antagonists

An “opioid antagonist” is naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the federal Food and Drug Administration approved for treating a drug overdose (CGS § 17a-714a).

Pharmacists Authorized to Prescribe Opioid Antagonists

Licensed pharmacists may prescribe opioid antagonists if they (1) have been trained and certified by a program approved by the consumer protection commissioner and (2) act in good faith (CGS § 20-633c).

Prescribing Practitioners

The following health providers may prescribe medication within the scope of their practice: physicians, dentists, podiatrists, optometrists, physician assistants, advanced practice registered nurses, nurse-midwives, and veterinarians (CGS § 20-14c).

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute

Yea 17 Nay 0 (03/20/2018)